BEST AVAILABLE COPY

F	· N/I	TIT TYPE			TIED CIT	1 T3 #	CEDI	AT N	·O				· · · · ·		
MULTIPLE DEPENDENT CLAIM FEE CALCIII ATION SHEET								SERIAL NO.					FILING DATE		
FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)								10/595403 APPLICANT(S)							
		(FOR U	SE WITH	FORM	PTO-875										
							CLAIMS				*				
	AS	FILED	AFTER		AFTER				AS FILED		AFTER		AFTER		
1				i"AMENDMENT		NDMENT	1 1				1" AMENDMENT		2 nd AMENDMENT		
_	IND.	DEP.	IND.	DEP.	IND.	DEP.]		IND.	DEP.	IND.	DEP.	IND.	DEP.	
$\frac{1}{2}$		 	 		<u> </u>	<u> </u>	5		•						
3		 / 					55				<u> </u>				
4							$\frac{1}{5}$				<u> </u>	 	 		
5							5:			· · · · · · · · · · · · · · · · · · ·					
7		 					50								
8		 				<u> </u>	5'				[ļ			
9							55					ļ			
10		11.					6								
11		111					61								
12	 -	1.					62								
14		11'					63						·		
15							65								
16 17		1					66								
18		,	 			 	67								
19		1					68								
20		1'					70								
21 22	ļ						71								
23	 	11					72								
24		7					73 74	-							
25							75	\dashv							
26 27	 	<i>-</i> /-,					76								
28	1	7					77	-4							
29	•	1					78 79	\dashv							
30		1,					80	十							
31 32	 						81								
33	 	-/					82	- -							
34							83 84	-							
35							85	十							
36 37	 						86								
38	 						87	-		·					
39				 }		 i	88 89	+		 -		,			
40	 						90	_		•					
41 42							91								
43	 						92	4							
44				 -			93	╁				J			
45							95	+		 					
46	 						96	1							
47			 - -				97	\perp							
49							98	-		<u> </u>					
50							99 100	╁		<u> </u>					
TOTAL IND.	i^{-1}	1		1			TOTAL	1					 	 _	
TOTAL		,		~			IND.	1_		▼ [▼ [▼	
DEP.	<u>31 </u>	7			•	(=	TOTAL DEP.		•	(= 		4 F		<u>. </u>	
TOTAL CLAIMS	32						TOTAL	T							
PTO - 1360	(REV. 11/04)								U.S Pat	. DEPART	MENT of COM	MERCE		000000000000000000000000000000000000000	
